

HAND DELIVERED

| | | | | | |
|---|---|---|---|--|--|
| UNITED STATES HOUSE OF REPRESENTATIVES CALENDAR YEAR 2010 FINANCIAL DISCLOSURE STATEMENT | | FORM A For use by Members, officers, and employees | | Page 1 of 4 | LEGISLATIVE RESOURCE CENTER |
| John B. Larson (Full Name) | | 202-225-2265 (Daytime Telephone) | | 2011 MAY 11 PM 12:40 OFFICE OF THE CLERK U.S. HOUSE OF REPRESENTATIVES | |
| Filer Status | <input checked="" type="checkbox"/> Member of the U.S. House of Representatives State: CT District: 1ST | <input type="checkbox"/> Officer Or Employee | Employing Office: | | A \$200 penalty shall be assessed against anyone who files more than 30 days late. |
| Report Type | <input checked="" type="checkbox"/> Annual (May 15) | <input type="checkbox"/> Amendment | <input type="checkbox"/> Termination Termination Date: | | |

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

| | |
|---|---|
| I. Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, complete and attach Schedule I. | VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$335 and not otherwise exempt)? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, complete and attach Schedule VI. |
| II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, complete and attach Schedule II. | VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than \$335 from one source)? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, complete and attach Schedule VII. |
| III. Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, complete and attach Schedule III. | VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, complete and attach Schedule VIII. |
| IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting period? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, complete and attach Schedule IV. | IX. Did you have any reportable agreement or arrangement with an outside entity? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, complete and attach Schedule IX. |
| V. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, complete and attach Schedule V. | Each question in this part must be answered and the appropriate schedule attached for each "Yes" response. |

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

| | | |
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| Trusts-- | Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| Exemptions-- | Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics. | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

SCHEDULE I - EARNED INCOME

Name John B. Larson

Page 2 of 4

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totaling \$200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000.

| Source | Type | Amount |
|--|--|----------------------------|
| Networking Concepts LLC Dissolved 7/27/2010 | Insurance Commissions for past services. | Income: 0 Loss: \$1,235 |
| Aero-Med, LTD | Spouse Salary | N/A |

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name John B. Larson

Page 3 of 4

| <p>BLOCK A</p> <p>Asset and/or Income Source</p> <p>Identify (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or sources of income which generated more than \$200 in "unearned" income during the year.</p> <p>Provide complete names of stocks and mutual funds (do not use ticker symbols.)</p> <p>For all IRAs and other retirement plans (such as 401(k) plans) that are self-directed (i.e., plans in which you have the power, even if not exercised, to select the specific investments), provide the value for each asset held in the account that exceeds the reporting thresholds. For retirement accounts which are not self-directed, provide only the name of the institution holding the account and its value at the end of the reporting period.</p> <p>For rental or other real property held for investment, provide a complete address.</p> <p>For an ownership interest in a privately-held business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A.</p> <p>Exclude: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period); any deposits totaling \$5,000 or less in a personal checking or</p> | <p>BLOCK B</p> <p>Year-End Value of Asset</p> <p>at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."</p> | <p>BLOCK C</p> <p>Type of Income</p> <p>Check all columns that apply. For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if the asset generated no income during the reporting period.</p> | <p>BLOCK D</p> <p>Amount of Income</p> <p>For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if no income was earned or generated.</p> | <p>BLOCK E</p> <p>Transaction</p> <p>Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.</p> |
|---|--|--|---|--|
| <p>SP Aero-Med, LTD 401(k) Profit Sharing Plan Vanguard Target Retirement 2025</p> | <p>\$1,001 - \$15,000</p> | <p>DIVIDENDS/INTE REST</p> | <p>\$1 - \$200</p> | <p>P</p> |
| <p>American Eagle, F.C.U.</p> | <p>\$15,001 - \$50,000</p> | <p>INTEREST</p> | <p>\$201 - \$1,000</p> | |
| <p>Congressional F.C.U.</p> | <p>\$1,001 - \$15,000</p> | <p>INTEREST</p> | <p>\$1 - \$200</p> | |
| <p>SP Fidelity Investment IRA CD & Money Market</p> | <p>\$15,001 - \$50,000</p> | <p>INTEREST/DIVID. ENDS</p> | <p>\$1,001 - \$2,500</p> | |
| <p>Fidelity Investment SEP Not Self Directed</p> | <p>\$100,001 - \$250,000</p> | <p>DIVIDENDS/INTE REST/CAPITAL GAINS</p> | <p>\$5,001 - \$15,000</p> | |

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name John B. Larson

Page 4 of 4

| | | | | | |
|----|--|-----------------------|------------------------------|----------------|--|
| JT | Fleet Bank Checking | \$1,001 - \$15,000 | INTEREST | \$1 - \$200 | |
| SP | Fleet Bank IRA CD | \$1,001 - \$15,000 | INTEREST | \$1 - \$200 | |
| | Fleet Bank IRA CD | \$1,001 - \$15,000 | INTEREST | \$1 - \$200 | |
| | Networking Concepts LLC Dissolved 7/27/10 | CLOSED | Other: See Schedule I/See | See Schedule I | |

UNITED STATES HOUSE OF REPRESENTATIVES
CALENDAR YEAR 2010 FINANCIAL DISCLOSURE STATEMENT

FORM A Page 1 of 8
For use by Members, officers, and employees

LEGISLATIVE RESOURCE CENTER

2011 MAY 16 AM 10:20

Joseph D. Courtney
(Full Name)

202-225-2076
(Daytime Telephone)

OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

HAND DELIVERED
(Office Use Only)

| | | | | | |
|---------------------|---|---|--|--------------------------------------|---|
| Filer Status | <input checked="" type="checkbox"/> Member of the U.S. House of Representatives | State: <u>CT</u> District: <u>2</u> | <input type="checkbox"/> Officer Or Employee | Employing Office: | A \$200 penalty shall be assessed against anyone who files more than 30 days late. |
| | Report Type | <input checked="" type="checkbox"/> Annual (May 15) | <input type="checkbox"/> Amendment | <input type="checkbox"/> Termination | |

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SCHEDULE I - EARNED INCOME

Name Joseph D. Courtney

Page 2 of 8

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totaling \$200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000.

| Source | Type | Amount |
|---|---------------|--------|
| St. Francis Hospital and Medical Center | Spouse Salary | N/A |
| Windham Hospital | Spouse Salary | N/A |

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Joseph D. Courtney

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| BLOCK A | BLOCK B | BLOCK C | BLOCK D | BLOCK E |
|--|---|---|--|---|
| Asset and/or Income Source Identify (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or sources of income which generated more than \$200 in "unearned" income during the year. Provide complete names of stocks and mutual funds (do not use ticker symbols.) For all IRAs and other retirement plans (such as 401(k) plans) that are self-directed (i.e., plans in which you have the power, even if not exercised, to select the specific investments), provide the value for each asset held in the account that exceeds the reporting thresholds. For retirement accounts which are not self-directed, provide only the name of the institution holding the account and its value at the end of the reporting period. For rental or other real property held for investment, provide a complete address. For an ownership interest in a privately-held business that is not publically traded, state the name of the business, the nature of its activities, and its geographic location in Block A. Exclude: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period); any deposits totaling \$5,000 or less in a personal checking or | Year-End Value of Asset at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None." | Type of Income Check all columns that apply. For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if the asset generated no income during the reporting period. | Amount of Income For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if no income was earned or generated. | Transaction Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year. |
| 401(a) Plan-Invesco Van Kampen Equity and Income | \$1,001 - \$15,000 | None | NONE | |
| 403(b) Lincoln Multi-Fund Variable Annuity | \$1,001 - \$15,000 | None | NONE | |
| 529-Franklin Templeton Age 17-20 Years C | \$1,001 - \$15,000 | None | NONE | |
| 529-Franklin Templeton Age 17-20 Years S | \$1,001 - \$15,000 | None | NONE | |
| Commonwealth Annuity and Life "Exceptional Life Policy" | \$1,001 - \$15,000 | None | NONE | |
| Def. Cont. Plan-American Balanced Fund | \$1,001 - \$15,000 | None | NONE | |

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Joseph D. Courtney

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| | | | | | |
|--|---|------------------------|------|------|--|
| | Def. Cont. Plan-Russell LifePoints Growth Strategy | \$1,001 - \$15,000 | None | NONE | |
| | Def. Cont. Plan-Washington Mutual Investors Fund | \$1,001 - \$15,000 | None | NONE | |
| | IRA-American Growth Fund of America (GFACX) | \$15,001 - \$50,000 | None | NONE | |
| | IRA-American Small Cap World (SMCWX) | \$15,001 - \$50,000 | None | NONE | |
| | IRA-Blackrock Focus Growth (MCFOX) | \$1,001 - \$15,000 | None | NONE | |
| | IRA-Blackrock Large Cap (MCLRX) | \$15,001 - \$50,000 | None | NONE | |
| | IRA-Invesco Van Kampen Global Franchise (VGFCX) | \$15,001 - \$50,000 | None | NONE | |
| | IRA-J Hancock Financial Inds (FIDAX) | \$15,001 - \$50,000 | None | NONE | |
| | IRA-Lord Abbett Classic Large Stock CI C (LLRCX) | \$15,001 - \$50,000 | None | NONE | |
| | IRA-Lord Abbett Small Cap Blend (LSBCX) | \$1,001 - \$15,000 | None | NONE | |
| | IRA-Merrill Cash/Money Accounts | \$15,001 - \$50,000 | None | NONE | |
| | IRA-Putnam International New Growth CI C (PIOCX) | \$1,001 - \$15,000 | None | NONE | |
| | Met Life Variable Annuity- Janus Forty Portfolio | \$1,001 - \$15,000 | None | NONE | |
| | Met Life Variable Annuity- Metlife Stock Index Portfolio | \$1,001 - \$15,000 | None | NONE | |

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Joseph D. Courtney

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| | | | | | |
|--|--|------------------------|------|------|--|
| | Met Life Variable Annuity- Oppenheimer Global Equity Portfolio | \$15,001 - \$50,000 | None | NONE | |
|--|--|------------------------|------|------|--|

SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name Joseph D. Courtney

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Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than \$335 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

| Source | Date(s) | Point of Departure-- Destination--Point of Return | Lodging? (Y/N) | Food? (Y/N) | Was a Family Member Included? (Y/N) | Days not at sponsor's expense |
|--|-----------|--|-------------------|----------------|---|-------------------------------------|
| Connecticut District Export Council | Apr. 5-11 | Hartford-Tel Aviv, Israel- Hartford | Y | Y | N | None |

SCHEDULE VIII - POSITIONS

Name Joseph D. Courtney

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Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or any business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

| Position | Name of Organization |
|------------------------------|-----------------------------------|
| Board Member (uncompensated) | Connecticut Health Policy Project |

FOOTNOTES

Name Joseph D. Courtney

Page 8 of 8

| Number | Section / Schedule | Footnote | This note refers to the following item |
|--------|--------------------|--|--|
| 1 | Schedule III | Age-based 529. This is a "fund of funds" that holds several Franklin Templeton funds that were listed individually in prior reports based information contained in the prospectus regarding the fund's holdings. | 529-Franklin Templeton Age 17-20 Years C |
| 2 | Schedule III | Small spouse retirement accounts valued respectively at \$3,747 and \$5,218 at the end of 2010. Inadvertently omitted from prior reports. Value range and investment choice were same in prior years. | 401(a) VanKampen and 403(b) Lincoln entries. |
| 3 | Schedule III | From small spouse retirement account inadvertently omitted from prior reports. Three funds indicated valued just over reporting threshold in 2010 and in prior years. | Def. Cont. Plan entries |
| 4 | Schedule III | Surrender value of \$9,400. Indvertently omitted from prior reports. Value range was the same in prior years. Policy does not provide investment options. | Commonweath Annuity and Life Policy |
| 5 | Schedule III | Inadvertently omitted from prior reports. Value ranges and investment options were the same in prior years. | Met Life Variable Annuity entries |

UNITED STATES HOUSE OF REPRESENTATIVES
CALENDAR YEAR 2010 FINANCIAL DISCLOSURE STATEMENT

FORM A

Page 1 of 8

For use by Members, officers, and employees

LEGISLATIVE RESOURCE CENTER

011 MAY 13 PM 5:03

Rosa L. DeLauro

(Full Name)

202-225-3661

(Daytime Telephone)

OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

HAND DELIVERED
(Office Use Only)

Filer
Status

☒ Member of the U.S.
House of Representatives

State: CT

District: 3rd

☐ Officer Or
Employee

Employing Office:

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Report
Type

☒ Annual (May 15)

☐ Amendment

☐ Termination

Termination Date:

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SCHEDULE I - EARNED INCOME

Name Rosa L. DeLauro

Page 2 of 8

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| Source | Type | Amount |
|--|---------------------|--------|
| Greenberg Quinlan Rosner Research Inc. Washington, DC | Spouse Salary | N/A |
| Greenberg Research Inc. Washington, DC | Spouse Salary | N/A |
| John Hancock Retirement Account | Spouse Distribution | N/A |
| TIAA CREF Retirement Account | Spouse Distribution | N/A |

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Rosa L. DeLauro

Page 3 of 8

| BLOCK A Asset and/or Income Source | | BLOCK B Year-End Value of Asset | BLOCK C Type of Income | BLOCK D Amount of Income | BLOCK E Transaction |
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| JT | Bank of America Checking | \$1 - \$1,000 | None | NONE | |
| JT | Chase Home Finance-Escrow | \$15,001 - \$50,000 | INTEREST | \$1 - \$200 | |
| | Citizens Bank-Scholarships | \$1,001 - \$15,000 | None | NONE | |
| SP | Greenberg Quinlan Rosner Research Inc. 67% Owner 10 G Street, NE WDC 20002 Polling/Consulting | \$5,000,001 - \$25,000,000 | See Statement I | NONE | |
| SP | Greenberg Research Inc. 100% Owner 10 G Street, NE WDC 20002 Strategic Consulting | \$1 - \$1,000 | See Statement II | NONE | |

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Rosa L. DeLauro

Page 4 of 8

| | | | | | |
|----|--|-------------------------|-------------------------|---------------------|---------|
| SP | JH Rtrmt-Lifecycle 2015 | \$500,001 - \$1,000,000 | None | NONE | S(part) |
| SP | Mass Mutual Whole Life Insurance Policy | \$250,001 - \$500,000 | None | NONE | |
| JT | ML-Blackrock Global | \$1,001 - \$15,000 | DIVIDENDS | \$1 - \$200 | |
| JT | ML-Columbia Marsico 21st | \$15,001 - \$50,000 | None | NONE | |
| JT | ML-Ivy Asset Strategy | \$15,001 - \$50,000 | DIVIDENDS | \$1 - \$200 | |
| | ML-MMFunds | None | None | NONE | |
| JT | ML-MMFunds | \$15,001 - \$50,000 | INTEREST | \$1 - \$200 | |
| JT | ML-PIMCO Total Return | \$15,001 - \$50,000 | DIVIDENDS/CAPITAL GAINS | \$2,501 - \$5,000 | P |
| SP | Pacific Life Universal Life Insurance Policy | \$50,001 - \$100,000 | None | NONE | |
| SP | Regents of UCLA Los Angeles, CA | None | Royalties | \$201 - \$1,000 | |
| SP | Sun Surveys LLC 60% Owner 9425 Sunset Drive Miami, FL Phone Surveys | \$1 - \$1,000 | Ptnrshp Income | \$15,001 - \$50,000 | |
| | TIAA CREF Retirement TIAA TRADITIONAL | \$15,001 - \$50,000 | None | NONE | |
| SP | TIAA CREF- CREF Stock Retirement | \$1,001 - \$15,000 | None | NONE | S(part) |

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Rosa L. DeLauro

Page 5 of 8

| | | | | | |
|----|---|--------------------------|----------|-------------|--|
| SP | TIAA CREF- TIAA Traditional Retirement | \$100,001 - \$250,000 | None | NONE | |
| | TIAA CREF-CREF Stock Retirement | \$100,001 - \$250,000 | None | NONE | |
| JT | United Bank Checking | \$15,001 - \$50,000 | INTEREST | \$1 - \$200 | |
| | United Bank Checking | \$1,001 - \$15,000 | INTEREST | \$1 - \$200 | |

SCHEDULE IV - TRANSACTIONS

Name Rosa L. DeLauro

Page 6 of 8

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded \$1,000. Include transactions that resulted in a loss. Provide a brief description of any exchange transaction. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. If only a portion of an asset is sold, please so indicate (i.e., "partial sale"). See example below.

| SP, DC, JT | Asset | Type of Transaction | Capital Gain in Excess of \$200? | Date | Amount of Transaction |
|------------------|---------------------------------|------------------------|---|---------|-----------------------|
| SP | JH Rtrmt-Lifecycle 2015 | S(part) | N/A | 9-27-10 | \$50,001 - \$100,000 |
| SP | JH Rtrmt-Lifecycle 2015 | S(part) | N/A | 9-24-10 | \$15,001 - \$50,000 |
| JT | ML-PIMCO Total Return | P | N/A | var | \$1,001 - \$15,000 |
| SP | TIAA CREF-CREF Stock Retirement | S(part) | N/A | 8-4-10 | \$50,001 - \$100,000 |

SCHEDULE V - LIABILITIES

Name Rosa L. DeLauro

Page 7 of 8

Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. Exclude: Any mortgage on your personal residence (unless all or part of it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report "revolving charge accounts" (i.e., credit cards) only if the balance at the close of the preceding calendar year exceeded \$10,000.

| SP, DC, JT | Creditor | Date Liability Incurred | Type of Liability | Amount of Liability |
|------------------|---|-------------------------------|--------------------------|----------------------|
| SP | TIAA CREF Carol Stream, IL 60197 | 12-15-2009 | Loan | \$15,001 - \$50,000 |
| SP | TIAA CREF Carol Stream, IL 60197 | 8-4-2010 | Loan | \$10,001 - \$15,000 |
| SP | Bank of America Wilmington, DE 19886 | 2009 | Loan | \$50,001 - \$100,000 |
| SP | John Hancock | 9-24-2010 | Loan | \$15,001 - \$50,000 |
| JT | Diners Club Des Moines, IA 50368 | 12-31-2010 | Revolving Charge Account | \$15,001 - \$50,000 |

SCHEDULE VIII - POSITIONS

Name Rosa L. DeLauro

Page 8 of 8

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or any business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

| Position | Name of Organization |
|----------------------|----------------------|
| SEE ATTACHED LISTING | SEE ATTACHED LISTING |

Rosa L. DeLauro

SCHEDULE VIII - POSITIONS:

| <u>Position</u> | <u>Name of Organization</u> |
|-------------------------------------|--|
| Honorary Board Member | Women's Campaign School at Yale University |
| Honorary Board Member | Special Olympics |
| Honorary Board Member | Sisters Journey |
| National Advisory Board | Roosevelt Institution |
| National Advisory Board | National Research Center for Women & Families |
| Member | CT International Women's Forum |
| Honorary Board Member | Women's Health Research at Yale |
| Distinguished Board Member | National Organization of Italian American Women |
| Board of Trustees | Kennedy Center |
| Board of Directors (ex-officio) | The Governor's Prevention Partnership |
| Honorary Board of Directors | Cancer Schmancer Movement |
| Congressional Advisory Council | The Faith and Politics Institute |
| Advisory Board | The Perry House: Doorway to Stratford |
| Member | Order of the Sons of Italy in America |
| Member | Italian American Historical Society of CT |
| Member | NAACP |
| Member | The Arts Council of Greater New Haven |
| Member | Delta Kappa Gamma Society (Honor Society of Women Educators) |
| Life Member | Hadassah, Wapawuag, CT Valley-West Rock Chapter |
| Honorary Board Member | National Organization of Italian American Women |
| Honorary Board Member | The Center for WorkLife Law (WLL) |
| Honorary Member, Advisory Committee | Diapers for Older Children with Special Healthcare Needs |
| Honorary Council Member | THE WAY |

Rosa L. DeLauro

SCHEDULE VIII – POSITIONS (continued)

| <u>Position</u> | <u>Name of Organization</u> |
|------------------------|--|
| Advisory Board | GrowJobsCT |
| Honorary Board | National Women's History Museum |
| Honorary Board | National Student Leadership Conference |

Rosa L. DeLauro
49 Huntington Street
New Haven, CT 06511

House of Representatives, CT, 3rd District

ATTACHMENTS: BASIS OF VALUATION

Statement I, Schedule III, Page 3:

Greenberg Quinlan Rosner Research Inc. –
Ownership value based on an independent business
valuation.

Statement II, Schedule III, Page 3:

Greenberg Research, Inc. – Ownership value based
on an independent business valuation.

| | |
|---|---|
| UNITED STATES HOUSE OF REPRESENTATIVES CALENDAR YEAR 2010 FINANCIAL DISCLOSURE STATEMENT | FORM A Page 1 of 5 For use by Members, officers, and employees |
|---|---|

LEGISLATIVE RESOURCE CENTER

2011 MAY 13 PM 3:45

 OFFICE OF THE CLERK
 U.S. HOUSE OF REPRESENTATIVES

 Christopher Murphy
 (Full Name)

 202-225-4476
 (Daytime Telephone)

HAND DELIVERED
 (Office Use Only)

MC

| | | | | |
|---------------------|--|--|---|---|
| Filer Status | <input checked="" type="checkbox"/> Member of the U.S. House of Representatives State: <u>CT</u> District: <u>05</u> | <input type="checkbox"/> Officer Or Employee | Employing Office: _____ | A \$200 penalty shall be assessed against anyone who files more than 30 days late. |
| Report Type | <input checked="" type="checkbox"/> Annual (May 15) | <input type="checkbox"/> Amendment | <input type="checkbox"/> Termination Termination Date: _____ | |

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

| | |
|--|--|
| I. Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, complete and attach Schedule I. | VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$335 and not otherwise exempt)? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, complete and attach Schedule VI. |
| II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, complete and attach Schedule II. | VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than \$335 from one source)? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, complete and attach Schedule VII. |
| III. Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, complete and attach Schedule III. | VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, complete and attach Schedule VIII. |
| IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting period? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, complete and attach Schedule IV. | IX. Did you have any reportable agreement or arrangement with an outside entity? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, complete and attach Schedule IX. |
| V. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, complete and attach Schedule V. | Each question in this part must be answered and the appropriate schedule attached for each "Yes" response. |

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

| | | |
|---------------------|--|---|
| Trusts-- | Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| Exemptions-- | Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics. | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

SCHEDULE I - EARNED INCOME

Name Christopher Murphy

Page 2 of 5

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totaling \$200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000.

| Source | Type | Amount |
|----------------------------|---------------|--------|
| Connecticut Legal Services | Spouse Salary | N/A |

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Christopher Murphy

Page 3 of 5

| BLOCK A | | BLOCK B | BLOCK C | BLOCK D | BLOCK E |
|--|-------------------------|--|---|--|--|
| Asset and/or Income Source | | Year-End Value of Asset | Type of Income | Amount of Income | Transaction |
| <p>Identify (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or sources of income which generated more than \$200 in "unearned" income during the year.</p> <p>Provide complete names of stocks and mutual funds (do not use ticker symbols.)</p> <p>For all IRAs and other retirement plans (such as 401(k) plans) that are self-directed (i.e., plans in which you have the power, even if not exercised, to select the specific investments), provide the value for each asset held in the account that exceeds the reporting thresholds. For retirement accounts which are not self-directed, provide only the name of the institution holding the account and its value at the end of the reporting period.</p> <p>For rental or other real property held for investment, provide a complete address.</p> <p>For an ownership interest in a privately-held business that is not publically traded, state the name of the business, the nature of its activities, and its geographic location in Block A.</p> <p>Exclude: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period); any deposits totaling \$5,000 or less in a personal checking or</p> | | <p>at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."</p> | <p>Check all columns that apply. For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if the asset generated no income during the reporting period.</p> | <p>For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if no income was earned or generated.</p> | <p>Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.</p> |
| SP | Charles Schwab Roth IRA | \$1,001 - \$15,000 | INTEREST | NONE | |
| DC | CHET 529 Plan | \$1,001 - \$15,000 | INTEREST | NONE | |
| SP | Vanguard 401K | \$15,001 - \$50,000 | INTEREST | NONE | |

SCHEDULE V - LIABILITIES

Name Christopher Murphy

Page 4 of 5

Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. Exclude: Any mortgage on your personal residence (unless all or part of it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report "revolving charge accounts" (i.e., credit cards) only if the balance at the close of the preceding calendar year exceeded \$10,000.

| SP, DC, JT | Creditor | Date Liability Incurred | Type of Liability | Amount of Liability |
|------------------|------------|-------------------------------|-------------------|---------------------|
| SP | Sallie Mae | 2001 | student loan | \$15,001 - \$50,000 |
| | Sallie Mae | 2002 | student loan | \$15,001 - \$50,000 |

SCHEDULE VIII - POSITIONS

Name Christopher Murphy

Page 5 of 5

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or any business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

| Position | Name of Organization |
|------------------------|--------------------------|
| Member, Advisory Board | Susan B. Anthony Project |

CHRISTOPHER S. MURPHY
5TH DISTRICT, CONNECTICUT

COMMITTEE ON
FOREIGN AFFAIRS

COMMITTEE ON OVERSIGHT
AND GOVERNMENT REFORM

412 CANNON HOUSE OFFICE BUILDING
WASHINGTON, DC 20515
202-225-4476

Congress of the United States
House of Representatives
Washington, DC 20515-0705

CONNECTICUT OFFICE:
114 WEST MAIN STREET, SUITE 206
NEW BRITAIN, CT 06051
860-223-8412

May 12, 2011


The Honorable Jo Bonner, Chairman
The Honorable Linda T. Sánchez, Ranking Member
Committee on Ethics
United States House of Representatives
Washington, DC 20515

Dear Chairman Bonner and Ranking Member Sánchez:

In previous financial disclosures I have disclosed a “term” life insurance policy as an asset. After reviewing guidance from the Committee on Ethics on financial disclosure, I understand that it is not necessary to disclose a term life insurance policy. As you know, a term life insurance policy is one where my family pays a premium and if something should happen to me, my survivors would receive a payment. I do not have any ownership of any assets nor do I make any investment decisions regarding this policy. Therefore, pursuant to guidance on page 17 of the *Instruction Guide for Completing Calendar Year 2010 Financial Disclosure Statement*, I am not disclosing this insurance policy at this time.

Please contact me if you have any comments or concerns.

Sincerely,


Christopher S. Murphy
Member of Congress